and who, from the mental anxiety arising out of the ruinous nature of the charge, committed suicide by poison, although in the last document he penned during life he declared his innocence.

The facts are shortly these:—A Mr. and Mrs. Hardie, in the absence of Mr. Haffenden, their regular medical attendant, consulted another practitioner, Mr. Nockolods, about an ailment from which Mrs. Hardie suffered. On Mr. Haffenden's return, he was asked by Mrs. Hardie to make an examination of what was supposed by him to be a uterine ailment of an obscure character. This was done in the ordinary way by speculum and sound, and the patient aborted.

A charge was laid against Mr. Haffenden by Mr. Nockolods, who informed the police, and caused his apprehension. After he was liberated, and while the charge still lay, Mr. Haffenden committed suicide. The public prosecutor then laid a charge against Mrs. Hardie, and the case was tried before Mr. Justice Smith at the Central Criminal Court. After evidence had been led at considerable length, among the witnesses examined being Dr. Barnes for the defence, who testified to the legitimacy of the treatment of Mr. Haffenden, the jury, after an absence of six minutes, gave a verdict of "not guilty."

Another case of a somewhat different complexion was brought under the notice of the General Medical Council by the President and Fellows of the King's and Queen's College of Physicians in Ireland, and is as follows:—"At an inquest held on the body of Ellen Alley, at the Coroner's Court, Moor Street, Birmingham, on the 10th June, 1880, Mr. Prosser, M.R.C.S., &c., swore to having made a *post-mortem* examination of the body, and to having examined the kidneys and all the abdominal viscera; he also swore that the kidneys were healthy, and gave his opinion that death was caused by the negligence of the medical practitioner who had attended her the day but one before her death. On this evidence, Mr. E. H. O'Leary, L.K.Q.C.P.I., was committed for manslaughter by the coroner, but was afterwards discharged when, on a second *post-mortem* examination being made by Dr. M'Lachlan and Mr. Sandy, it was shown that the kidneys had not been disturbed from their place, and that the examination of the other viscera had been most incomplete. On the case being sent to the Grand Jury at the Warwick Assizes, they threw out the bill and O'Leary was acquitted."

The Irish College of Physicians charged Mr. Prosser with "infamous conduct," but the Medical Council dismissed the charge.

A third case of a still different complexion, and one followed with possibly less damaging results, is as follows:—

During August of the present year, 1885, at the Lincoln County Assizes, a charge of slander was tried before Mr. Justice Lopez and a special jury, at the instance of Mr. Theodore Cassan, a practitioner of Gainsborough, against Dr. George Fyfe, a practitioner of the same town, for slanderous utterances made by the latter about the treatment of a patient by the former. "Dr. Fyfe, it was alleged, said to the friends of the patient that 'Mr. Cassan had very much crushed and ill-used the man; that he had put an instrument into him by force; and that this had injured the neck of the bladder.'" * It was proved in evidence that Dr. Fyfe had made certain statements to the executive officers of a club of which Mr. Cassan was the medical officer, and from which he derived a salary of £360 per annum; the result of which being that he lost the appointment.

Mr. Cassan wrote to Dr. Fyfe, asking him either to deny his having made these statements, or to apologise, to which he got a reply, written on the envelope of his note, to the effect that Dr. Fyfe knew nothing of these reports. It was averred in court by several witnesses—friends of the patient—that certain statements, as quoted before, had been made to them by Dr. Fyfe, but this was denied by that gentleman, although he owned that he said to the vice-president of the club that he could have "relieved" the patient. The vice-president, however, stated in the witness-box that what Dr. Fyfe said was, that he "thought he could have cured the patient, and that any competent surgeon could have done so, if he had been called in at first."

During the trial there was no attempt made to justify the charge of malpraxis, and there were several surgeons present in court prepared to testify in favour of the treatment used by the plaintiff.

The judge ruled, on a point of law, that it had not been proved that the defendant had slandered the plaintiff; and that, in regard to the communication made to the officials of the club, although proved, it was a privileged one. The trial therefore ended in a non-suit, but leave of appeal was granted by the judge.

Remarks.—It is at all times a serious matter when a charge of crime or malpraxis is made against a medical practitioner; serious in respect that although he may eventually be proved to be innocent, his name and character are under obloquy

* *Brit. Med. Jour.*, 16th August, 1884, p. 329.

while the charge lies, and even after acquittal it is rare that a certain amount of that obloquy does not rest still in the minds of a section of the public. I think I am safe in saying that no medical man emerges unscathed from a legal charge of this kind, even though innocent.

But it becomes a terribly serious thing when it is a fellow-practitioner who prefers the charge. It is the obvious duty, recognised on all hands, of every practitioner in the public interest—acting from the point of view of the ordinary citizen—to help in the detection of crime, and more especially when, by the aid of his special knowledge, it might otherwise pass undetected. If one practitioner were to see another violating the criminal law it would be his duty to call in the aid of those whose special duty it is to deal with crime, or, failing to do so, he would justly be considered *particeps criminis;* but in order that the ends of justice might be served, and that there should be no unnecessary pain inflicted, the person laying the charge must be sure of his position, and not metamorphose the medical man into the criminal detective.

How invidious, then, becomes the position of the practitioner who precipitately prefers such a serious charge against a fellow-practitioner, as has been exemplified in the first two cases, when, after the facts have been sifted by the lynx eyes of the law, perfect innocence is established; and when, too, by reason of the hasty and rash charge acting on a mind temporarily unhinged by the ruinous nature of it, there follows the melancholy death of the accused person by his own hand.

Taking the most charitable view of the position of the accuser, one can only say that, perhaps acting with an over hasty desire to prevent crime, he has overreached himself, and although the law will not punish him for his rash act, the punishment must be left to his own conscience and the public, who are not slow to estimate such conduct at its proper value. It is a very easy thing to lay a charge; it is a very different thing to substantiate it; and although in Glasgow, many years ago, in the Pritchard case, one of its most respected practitioners was severely censured by both judge and bar for not laying a charge against the prisoner at a time when lives might have been saved, it must be remembered that it was not only the difficulty of substantiating his opinions, but also the invidious position in which he would have been placed, that prevented that gentleman—now deceased—from laying one. Anent charges of malpraxis, too, this must be said, that it is at all times a dangerous thing for one practitioner to allege such a charge against another. It is hurtful both to

him who is accused and to him who accuses. The public look upon this action on the part of one practitioner as a symptom of class jealousy; they think, and are apt to say it, that the accuser has some personal advantage in view, pecuniary or otherwise, when he makes it. The profession always looks with suspicion on such a charge, for the members of it know full well that in the treatment of disease or injury no one is bound down to any particular line of treatment in any given case, else the line of original inquiry and treatment might be blocked; but, on the other hand, recognise that the cure of any given disease may be accomplished in as many or more ways than there are routes from Glasgow to London, and that no person is as able, things being equal, to regulate the treatment of any given case than he who has watched the progress of it through most of the time, or to say dogmatically that something different should have been done than was done at any point in the history of the case, by reason of their being insufficiently conversant with all the facts.

The case of Cassan *v.* Fyfe is one of extreme interest to the profession, in so far as a charge of malpraxis made by one practitioner against another to the executive officers of a club, has been ruled as a privileged statement; and the fact that the statements made by Dr. Fyfe, *being in reply to questions from that executive*, converted what otherwise would have been a libellous statement into a "privileged" one. The charge fell through in respect to the statements alleged to have been made to certain witnesses by the defendant; but the communication made to the vice-president of the club—a communication which bore in it a charge of malpraxis, and which caused the plantiff to lose an appointment of the annual value of £360—although proved, was ruled by the judge to come under the category of privileged communications; for it is a legal canon "that a communication made *bonâ fide* upon any subject matter in which the party communicating has an interest, or in reference to which he has a duty, is privileged, if made to a person having a corresponding interest or duty, although it contain criminatory matter, which, without the privilege, would be slanderous and actionable." (*Glenn, Manual of Laws affecting Medical Men*, p. 230.)

This seems to open a way by which any unscrupulous person may strike with impunity at the character, reputation, or practice of a professional neighbour, with serious results to the latter; for, while the communication is not actionable, the charge of malpraxis still remains, bringing in its train pecuniary loss, perhaps, together with depreciation of professional status.

Let us next consider—

II. Those risks which may arise from the peculiarly intimate relation a medical practitioner holds to his female patients.

Mr. Greenwood, a barrister at law, writing to the *Lancet*, directs the attention of "medical practitioners to the ever present and real danger they are subject to, of charges of immorality or indecency being brought against them by hysterical and erotic female patients" (*Lancet*, vol. i, 1883, p. 65).

The first case that occurs to one's mind in this connection is one which possibly all may have read about, which is known as the Hounslow Case, and which is all the more noteworthy on account of the tragic death of Dr. Edwards by his own hand, the result of the foul charge made against his professional honour. The facts are as follows:—

Dr. Edwards, a practitioner of Hounslow, in partnership with another, Dr. Whitmarsh, was charged by a female patient with immoral conduct towards her in the exercise of his profession. The charge was laid in the hands of solicitors, but was afterwards withdrawn in a written retraction, accompanied by an expression of regret for having made it.

This charge, together with other circumstances connected with his share in the practice, which need not be mentioned here, caused him, in a moment of temporary insanity, to commit suicide by prussic acid. But before committing the fatal act, he wrote a letter to his wife, in which he characterised the charge as the "morbid imagination of a licentious-minded, hysterical woman," and solemnly and emphatically denied it. At the inquest, the jury returned a verdict that "Dr. Edwards died from the effects of prussic acid administered by his own hand during temporary insanity," to which was added an opinion, that he was driven to the rash act by the conduct of Dr. Whitmarsh, his partner.

Take another case. In July, 1882, Mr. Evatt, a practitioner of Galashiels, was tried before the High Court of Justiciary at Edinburgh, on a charge of rape on a female patient who had consulted him. The female laid the charge; the surgeon was apprehended, thrown into prison, kept there until his trial, for the offence is a non-bailable one, unless by consent of the Lord Advocate. During the trial, at the end of 4½ hours, the charge broke down, the Crown deserted the diet, and a formal verdict of "Not Guilty" was returned. And it is pleasing to observe that the counsel for the defence, the Dean of Faculty, was able to refer to an address signed by over a thousand of the inhabitants of Galashiels, expressive of the esteem in which the prisoner was held by them (*Lancet*, vol. ii, 1882).

Take one more case—Regina *v.* Noakes. Noakes was a practitioner at Hatton, near Leeds, and, with a woman named Hudson, was accused of having criminally procured abortion on a married woman named Laidler, in the house of Hudson. The woman Laidler died. Noakes gave a certificate of death, which did not accord with the facts. He suffered six weeks' imprisonment, and a prolonged trial, but was found "Not guilty."

And more recently there is the notorious case associated with the name of Dr. Bradbury, the facts of which are so well known to every one that they do not require recital. The only thing one has to remember about it is, that a woman, subject to epileptic fits, charges a medical man with rape, and upon her evidence he is convicted and sentenced to a long term of imprisonment. It was due to Dr. Bradbury that the profession should make common cause with him against that decision, and, while it is pleasing that their efforts were successful in securing his release, it is another example of the precarious position of the practitioner.

Remarks.—Leaving out of consideration the case of Noakes—for there were many compromising facts in it affording room for a *prima facie* charge—let us direct our attention to the two others, more particularly the Scotch case.

There can be no charge more terrible against a practitioner than that of violating the person of an unprotected female who comes to him for professional advice, since it strikes at the root of that confidence which the public are disposed to place in the hands of the medical profession, and it deals a serious blow to the high code of honour with which it, as a body, has been credited.

No one who knows anything of the nature of medical practice, need be reminded of the peculiarly delicate and intimate relation which exists between the members of our profession and their female patients, nor of the fact that we are consulted constantly by this class of patients about matters which are not allowed to proceed outside the walls of the consulting room or sick chamber; nay, rather, which find a grave in the mind of him who is consulted; at the same time, it must be borne in mind, that such occasions afford to an evilly-minded woman the opportunity of instituting a totally baseless charge.

Let us consider the position for a moment. The delicate nature of the case demands privacy; and frequently there are present only the practitioner and the person consulting. If we suppose that a charge of the nature exemplified in the

illustrative cases—let us consider it unfounded in fact—is laid in the hands of the authorities, the state of matters becomes desperate. The practitioner becomes a prisoner, and as such is precluded from giving evidence on his own behalf. His only means of asserting the right is by the written declarations he may make of his own free will and accord before the Sheriff, which are used at his trial, but which, viewed in the light of such documents generally, are practically worthless. The accuser becomes the chief witness, and her precognition becomes the groundwork of the Fiscal's charge. All the evidence collected is placed before the Lord Advocate, and it will depend on his decision whether the case should go on for trial or not. Meanwhile the practitioner is lying in prison, and will remain there until such time as the evidence is collected, and decision is made whether that is thought insufficient for conviction, when he will be liberated without any claim against any one; or if it be determined that the case should go on for trial, until that time, a period possibly of weeks. During all this time the case becomes the public topic of conversation, his name is in the mouth of every one. The trial then comes on, and the charge breaks down. Justice has been satisfied by the verdict of "Not Guilty!" But what about the medical practitioner? There is no compensation for him; he has lain for weeks in prison under public disgrace, and although the law considers every prisoner innocent till he be proved guilty, the public consider the arrest and imprisonment a sufficient guarantee of some truth in the charge. At what cost does he emerge from the trial? There is the stain of having occupied a prison cell, and there is the possibility of the finger being pointed at him as one who had been arrested on one of the most terrible charges it were possible to lay against a professional man; and there is always a section of the public—hysterical and loud-voiced—who will not, even after the verdict, willingly let the matter die; and some of the very wise will even go the length of saying that there is some truth in it after all, and that the verdict of "Not Guilty" has only been the completion of a process of whitewashing. His practice, too, is at the mercy of the winds. Add to this the mental burden of care and anxiety which has been borne by the unfortunate prisoner through all these distressing days and nights, and last, but not least, the pecuniary amount in which he has been mulcted in providing the necessary legal assistance for his defence, and even then you will imperfectly arrive at the sum of suffering which has been endured by an innocent man.

Is it a wonder, then, I ask you, that a man whose mind has been harrassed by the usual multifarious cares of professional work, with all the foregoing in view, should seek a solace in the arms of death?

Perhaps, it would be too much to expect that, in every case where a verdict of "Not guilty" was returned, the law should make provision for recoupment of the expenses laid out by the prisoner for his defence, and for the giving of a reasonable amount of compensation for injuries sustained; if, however, such was enacted, it seems to me there would be more care exercised on the part of the authorities in bringing forward such cases.

It certainly is not too much to say that a young practitioner, having the misfortune to be charged with such a crime, would be almost irretrievably ruined both in spirit and in purse.

Mr. Greenwood, in the letter quoted before, adds with great pointedness, that "accusations of this kind made by female patients against their medical attendants should always be entertained with the greatest caution, and ought to be very carefully investigated, *for I have known*," says he, "*conviction in a court of law follow, on more than one occasion, charges which were afterwards found to be entirely baseless and imaginary.*"

Medical men do not wish to arrogate to themselves a position above the operations of the law any more than an ordinary citizen, but in view of the very serious results accruing from such baseless prosecutions, they have a right to expect that before a charge is acted upon, every possible care shall have been exercised by the authorities in the investigation of it, and when prosecution is determined on, that a conviction is likely to follow. The history of recent cases reveals something like the very opposite of this, because no conviction has followed, there have been fatal consequences to some of those so charged, reputations have been blasted, and the ends of justice have not been furthered in the most trifling degree. The profession are at one in saying that any professional man who wantonly violates the confidence reposed in him by those who consult him, in the manner above indicated, is a base wretch who deserves the greatest punishment the law can mete out to him; and they will take care to protect their own honour by expunging his name and title out of those records by which he was entitled to pursue a noble calling, but which he has prostituted in the most ignoble manner.

The only way by which such a possible charge as this can be

obviated is, for every practitioner to insist on the presence of a third party, wherever the necessity of a case demands an operation or examination of a delicate nature; by this means the practitioner is protected, and the privacy of the case does not extend further than to a female friend. And though this is not always practicable or possible, for obvious reasons, the aim of the practitioner ought to be self-protection, while, at the same time he does not obtrude his reasons for so acting. His experience of ninety-nine cases may be such as make him think that such precautions are unnecessary and stop the practice, while the hundredth may prove the value of it.

Let us next consider—

III. Those risks which medical men incur in their ordinary relation to the general public.

I cannot illustrate this better than by giving very briefly the facts of a case which, some time ago, engaged the attention of both lay and medical press throughout the country. I refer to the case of Messrs. Bower and Keats (*Lancet*, vol. ii, 1883, p. 69).

The plaintiff, Mr. Wood, sued these gentlemen for damages, before the Queen's Bench Division and a jury, for injuries sustained in the following circumstances. The son of the plaintiff took ill of a severe affection of the windpipe; to prevent asphyxia the operation of tracheotomy was performed by Dr. Bower on a Saturday night. The precise nature of the disease could not at this time be defined, the diagnosis lying between inflammatory croup and diphtheria. To prevent the tracheal cannula becoming blocked up by the exuded secretions, the father was directed to suck it, which he did on two occasions immediately after the operation. The day after the operation the disease showed itself distinctly to be diphtheria. On Monday the boy died, and on Thursday the father fell ill from diphtheria, from which, however, he made a good recovery. The plaintiff's case was, that he had not been sufficiently warned of the nature of the disease; that he had contracted diphtheria from the operation of sucking the tube; and that he was entitled to damages. The defence was, that it was impossible to tell absolutely the nature of the disease until a point of time subsequent to the sucking of the tube by the father; that it was rational that the father should aid in the saving of the life of his child; and that it could not be proved that it was from the operation above described the father had contracted the disease, since he had been living under the same original conditions as his child. At the end of the hearing, the jury failed to agree.

Had the case ended here, not much more could have been said about it than that it was a typical example of the ingratitude professional men occasionally encounter, and that it does not seemingly enter into the mind of some parents to sacrifice anything towards the saving of a child's life. But, unfortunately, the painful part follows this.

The plaintiff urged the Treasury to institute a charge of manslaughter against the defendants, and succeeded. The charge for committal, in October, 1883, was tried before the Lambeth magistrate, Mr. Chance, but was dismissed by that gentleman after five days' hearing.

In giving his judgment his Worship said that, "if he allowed the inquiry to go on further, he would not only be sanctioning a prosecution, but a persecution as well, and that it would be next to wickedness on his part to commit, as he could not see one tittle of evidence to support the allegations set forth in the indictment." It must be noted, too, that the medical evidence for the prosecution proved more a defence of the accused than otherwise. We all know the outcome of the case.

Dr. Bower, as a fair corollary, one would think, to the strongly-worded judgment of the magistrate, wrote to the Secretary of State, asking compensation for expenses incurred in his defence, but was refused on the ground "that the action of the Director of Public Prosecutions was limited to securing complete investigation of the circumstances"!!

This was a case in which it was so evident that a needless and harmful prosecution had occurred, that the profession could not rest calmly and take an outsider's view of the case. And to his praise be it said, Sir William Jenner, at a meeting convened in his own house, brought the whole case before a representative gathering of the profession in London, and asked them to show their sympathy with these unfortunate gentlemen in the tangible form of a scheme for defraying their expenses.

We know the result. Within a very short time the whole of the expenses were defrayed by hearty subscriptions from the rank and file of the profession throughout the land.

As a further outcome of that meeting, and expressive of the feeling in the profession concerning the recent public prosecutions of medical men, it was resolved that the Councils of both the Royal Colleges of London "be requested to consider the propriety of representing to the Secretary of State for the Home Department, that it is very desirable that there should be some arrangement by which the public prosecutor may obtain the assistance of skilled advisers when

he is solicited to institute prosecutions of medical practitioners;" and it is satisfactory to know that a memorial to this effect was initiated by the Royal College of Physicians, was signed largely by the profession, and was forwarded to the Government.

Let us now consider a Scotch case. (*British Medical Journal*, vol. ii, 11th November, 1882.)

In the end of 1882, the father of a boy who was suffering from tumour of the orbit, raised an action of damages for £500 against Drs. Cluckie and Dobie, of Greenock, for having caused the death of his boy while undergoing the operation of extirpation of the growth in the Greenock Infirmary, and while under chloroform. The case for the pursuer was, that the boy should not have had chloroform, and that he was not warned that the boy was to have it. After proof had been led, the Sheriff, without calling on the counsel for defence, gave a judgment in favour of the defendants. Professor Gairdner, in his capacity of President of our Medico-Chirurgical Society, initiated a movement for the defrayal of the expenses sustained by the defendants, which was liberally responded to.

Remarks.—It is somewhat unfortunate that in these cases of action of damages, the pursuer, when he fails to prove his case, is generally not in the position to pay costs, and consequently the defendants are compelled to bear their own burden. Such pursuers, therefore, are in the position of him who has everything to gain if he win, and nothing to lose if he do not succeed; and the fact is only too true, that such persons are assisted to institute legal proceedings by practitioners in law, even when a fair examination of the facts is strongly against them, in view of a possible ultimate gain. To the praise of the legal profession it must be said, however, that such persons are comparatively rare. But what must be said of the English case. The responsible prosecutor is the Director of Public Prosecutions; and one may reasonably say here that, if from the evidence adduced at the trial for committal, the presiding magistrate could give such a judgment as I have already quoted, how was it that the Director of Public Prosecutions, or the official whose special duty it was to advise in the matter, and who had the same evidence before him in the affidavits of the witnesses, did not see the futility of bringing the matter to the notoriety of a public trial, which not only involved needless expenditure of the public funds, but compelled an outlay on the part of the defendants to the extent of £1,000, not considering the temporary loss of reputation sustained by them while the

action was pending, and the great mental worry to which they were subjected.

It is not a good reason to say that the public prosecution of these two medical men was simply intended "to securing complete investigation of the circumstances," because that could have been done as efficiently by the Home Office as by a court of law, and there would have been saved, not only the public money, but also the notoriety which surrounded the names of these practitioners.

It was suggested at that time, by several writers in the medical press, that in connection with our British Medical Association there should be instituted a fund from which the expenses of such cases as I have described might be defrayed; but whether that be done or not, I have every confidence in saying that the medical profession will not allow a member of it to be needlessly prosecuted and put to expense without assisting him right cordially out of his difficulty.

Medical men incur risks, too, in Lunacy Cases. One or two such recent cases brings this fact closely home to the profession. The first noteworthy case is that of Weldon *v.* Semple, of which the following is a brief narrative:—

Mr. Weldon, husband of plaintiff, in 1878, called on Dr. Forbes Winslow, to consult him regarding the mental condition of his wife. From statements made by him, Dr. Winslow thought an inquiry ought to be made, and if she were found insane, that she might be confined in his private asylum. Mr. Weldon was unable to sign the order of committal, owing to the fact that he had not seen his wife within the legal period—in fact, had not seen her for three years. Sir H. de Bathe did so, however, having called on Mrs. Weldon within the required period. Dr. Forbes Winslow then asked Drs. Semple and Rudderforth, friends of his, to visit the plaintiff (which they did on 14th April of that year, at her residence, the property of her husband), and examine her respecting her mental condition. Accordingly, together, these gentlemen paid the visit—firstly, making a joint examination, and then separately, the one leaving the room while the other examined alone. The interval of absence, they averred, was at least a quarter of an hour, while the plaintiff swore that it was not more than five minutes. The result of this examination was that they signed certificates of insanity. On the strength of these and the order of committal, Dr. Winslow's secretary, with nurses, came to her house to remove her to the asylum, but was frustrated by friends of the

plaintiff. Mrs. Weldon then took to a place of hiding for a month, during which time only the order of committal remained in force.

She then, this year—1885—instituted an action against Dr. Semple for false certification of insanity and for trespass, and asked damages to the extent of £1,000. The case was tried in July, before Mr. Justice Hawkins and a jury, and the trial lasted for several days. Mrs. Weldon conducted her own case, and did so with considerable ability. The defendant, in the witness box, swore that what he did was done honestly, without malice or malicious motives of any kind, and that, in signing the certificate, he believed her insane.

The learned judge, in summing up, presented a series of questions to the jury, all of which, in their verdict, were answered in favour of the plaintiff, the damages awarded, for false certification, being £1,000; they also gave a verdict for the plaintiff in respect to the trespass, and awarded damages of £20.

The next case is still more interesting, as a narration of the facts will show (*British Medical Journal*, 23rd August, 1884, p. 392):—

It was an action for libel and conspiracy against the Drs. Whittle and Mr. Hutchinson, practitioners in Liverpool, and Mr. Mould, of the Royal Lunatic Hospital, Cheadle, Manchester —against the former for having signed certificates of her lunacy, and against the latter for having received her into the Asylum on the strength of these certificates. The action was tried before Mr Justice Cave and a special jury, and occupied five days in hearing.

The following is a brief history of the plaintiff:—After the death of her first husband, her children were, in 1874, by reason of her drinking habits, removed from her care by an order of the Court of Chancery, she being held unfit to take charge of them (she was trustee under her first husband's will). In 1877 she was confined in an asylum, and was there for three years. During this period, it being considered improbable that she would recover, a petition was in consequence presented to the Lord Chancellor for an inquisition, which being held resulted in her being found insane, and a committee appointed on her estate. In 1880 she was liberated from the asylum on probation. During this time, and some time after her liberation, one of the defendants, with another practitioner, certified that she was then sane, and the finding of the inquisition was set aside. Soon after this, however, symptoms of insanity of a glaring character presented themselves, and

she was certified by the defendants in the present action as being insane, and was received into Cheadle Asylum on the strength of these certificates. These were rejected by the Commissioners in Lunacy as being too weak, and she was discharged, but was again committed on fresh certificates granted by two Manchester practitioners. At the end of the trial, Mr. Justice Cave ruled that Mr. Mould must be excluded on the ground of privilege, and summed up strongly in favour of the other defendants.

It took the jury two hours, however, to find a verdict accordingly.

Remarks.—It will be well worth our while, in view of these cases, to once more reconsider the position we hold to the law in regard to signing lunacy certificates, and more particularly concerning our responsibility.

Let me review some of the points in the Weldon trial, which are of interest to us all, and which are commented upon by Mr. Justice Hawkins in his summing up. It came out in the evidence that Dr. Winslow, in whose asylum the plaintiff was to be confined, nominated the two practitioners who were to examine her; respecting this, the learned judge made the following observations. He said, "he had a doubt as to whether it could be lawful for the keeper of the asylum, who was prohibited himself from certifying, to nominate those who certified. The object of the statute was that the medical men should be independent and make separate examinations. But that was not so here, for the very selection of the men was entrusted to Dr. Winslow, and there was his own evidence as to what took place before they went to make their examination; evidence which, in some respects, directly conflicted with theirs" (*Times*, 29th July, 1884). Then again, he commented upon the examination made by the medical men, in respect to whether they fulfilled the intention of the Act in making a separate examination. He left it to the jury to decide "whether there were really separate examinations, or whether there was a mere evasion of the statute;" but during the trial (*Times*, 19th July), he remarked that "the statute requires separate examinations by the medical men, and they both go together—as gross an evasion of the Act as could be conceived;" and again, in the summing up, he further remarked that "anything more calculated to excite suspicion could not be supposed than both the doctors meeting and going together." Anent this point, Dr. Semple, in his evidence, said:—"I knew that the Act of Parliament required a separate examination, and I made a separate examination as required by the Act. As far as I

understood the Act, I believed I was complying with it, and when I gave the certificate I conscientiously believed it to be right." From the remarks of the learned judge, it is perfectly clear that in his opinion the defendant had not made a separate examination as required by law.

Any practitioner who signs a certificate which is untrue, or signs one without making proper enquiries and taking due care, is liable for the consequences of his act, and the person injured would recover damages from him. By the law, he is bound to make due enquiries as to the truth of the statements made by the person who is being examined as to his sanity, because such an one might make statements which might seem absurd to the practitioner, but which might prove correct in fact. Now, in the Weldon case, it came out in the evidence that the defendants had not enquired into the truth of the statements made by the plaintiff.

Again, a medical man is none the less liable for the consequences of not making due enquiry because he has acted *bonâ fide;* but, granting that the law is satisfied that he has exercised proper care and made due enquiry, but errs in judgment as to the insanity of the person, he will not be held liable for damages; neither will it hold him liable, even for a mistake in fact in these circumstances. Again, a medical man is liable where he has signed a false certificate wilfully and maliciously, as also if he be proved guilty of gross negligence in his examination.

The whole duty of the practitioner in respect to responsibility is very well rendered in the summing up of Mr. Justice Hawkins. He said, "A medical man who undertook so important a duty as he (the defendant) then undertook—an examination into the sanity of a person—must have known that it was a very responsible duty, and it was one which he ought to have approached with a firm resolution to do all that was necessary to enable him to come to a right conclusion. He would not be responsible merely for an honest error of judgment. A medical man, who honestly and carefully discharged his duty, was not responsible for mere error of judgment. A medical man might be mistaken in any case and fall into sad error; but, if he had done his best, he would not be liable for the consequences of his mistake. Mere error in judgment would never render a medical man responsible. A man, however, was always bound to exercise reasonable care, and if, through want of it, he so misconducted himself—that is, so failed to make reasonable enquiries within his power that his negligence was gross and culpable—then he was

responsible. . . ." "It was impossible," added the learned judge, "to define in words what was 'gross' or 'culpable' negligence. It must depend upon the judgment of the jury in all the circumstances."

In view of this it is quite possible that a medical man might examine a supposed lunatic, and, in doing so, exercise reasonable care and make due enquiry, sufficient to satisfy his own mind that the person was of unsound mind. He might further say that he acted *bonâ fide* in his examination, that he conscientiously attempted to do the right, and that he did his best in that attempt; but on the case being presented to a jury, the care and enquiry used by him, together with the *bonâ fides* and the doing of his best, might fail to satisfy the jury, and his honest error in judgment might be construed into the signing of a false certificate wilfully and maliciously, for the verdict would be against him, and he would be cast in damages. If you add to this the fact, that the person whose sanity is in question personally conducts his or her own case, and that skilfully, there is contributed a greater possibility of such a decision.

In the second case, where the evidence pointed so strongly against the plaintiff's sanity, and where the summing up of the learned judge was strongly for the defendants, the fact that it took *two hours* for the jury to return a verdict in accordance, gives us an index to the feelings rankling in the minds of an ordinary jury. It shows, it seems to me, that there must be some feeling of antagonism, involuntarily it may be, in the popular mind against those whose certificates of insanity have been called in question. And it is not astonishing that, as a result of the verdict in the case Weldon *v.* Semple, some practitioners have gone the length of declaring that, from now and henceforth, they have ceased to sign certificates of lunacy, and, further, have suggested that all medical men should cease so to do until the law shall have laid down more clearly and precisely the responsibilities attaching thereto.

Now that the question of Lunacy Reform is again pushing itself to the front so vigorously, and when such a prominent legal authority as Mr. Justice Hawkins declares "that the law, in the state in which it was, must be calculated to fill everybody who contemplated it with terror and alarm," and that "he hoped the law upon the subject would be altered," it behoves the medical profession to take a part in that reform movement.

Every member of our profession, when called upon to

examine into a person's sanity, recognises the gravity of the position—a position which may bring about as a consequence the incarceration of a fellow-mortal in a place, the very name of which fills every mind with a feeling of repulsiveness, and which, at least, menaces liberty—and cannot forget that he has a serious and responsible duty to perform. Society will not readily forget the terrible pictures of unjust incarceration in asylums which the deceased novelist, Charles Reade, so vividly described with his burning pen, and by writing which he attempted to bring about what is now evidently looming in the near distance—viz., Reform in the Lunacy Law.

And medical men who refuse to sign certificates of lunacy have a good show of reason on their side for doing so, in view of the decision in the case of Dr. Semple. The law, they argue, has laid down that a medical man is not responsible where, for instance, in the treatment of a case, a drug has been given to expedite a cure, or bring relief, but which, on the other hand, has acted disastrously. Sir Matthew Hale (*Pleas of Crown*, i, 429) has laid down that "if a physician gives a person a potion, without any intent of doing him bodily hurt, but with an intent to cure or prevent disease, and, contrary to the expectation of the physician, it kills him, this is no homicide, and the like of a chirurgeon;" and Chief-Baron Pollock has said (*R.* v. *Crick*, 1 F, and F 519) "it would be most fatal to the efficiency of the medical profession if no one could administer medicine without a halter round his neck;" and further, in the case of *R.* v. *St. John Long*, Mr. Justice Park said to the jury, "It would be a dreadful thing if a man were to be called in question criminally whenever he happened to miscarry in his practice." *

They naturally urge that no such precision of judgment attaches to the responsibility of the medical practitioner in lunacy law. It seems to me that the defect must be put right, so far as possible, by the profession itself, and it must take the direction of educating its students in psychological medicine. The law, meanwhile, recognises every registered practitioner as competent to sign certificates in lunacy. Were it the fact that every student of medicine was compelled to study insanity as a part of the curriculum, and to pass an examination in it, there would be some good reason why this should be so;

* Since this paper was written, a Bill has been introduced into Parliament for the purpose of amending the Lunacy Act, in which the responsibility of the practitioner in the signing of certificates in lunacy is more strictly defined. This is due in great part to the Parliamentary Bills Committee of the British Medical Association.

but so long as it is possible for graduates of all our Scotch and English Universities (barring London University), and licentiates of all our licensing bodies, to become registered practitioners—and as such become competent in the eye of the law—and to sign certificates of insanity, without giving the subject one moment's consideration, or in their examinations being asked a single question in it, so long will there be grave defects in the signing of such certificates. This is from time to time exemplified in the case of persons who have been incarcerated in an asylum on certificates which have been found insufficient.

It is surprising, indeed, that so few cases of this kind have come under the notice of the public, and it is to me an evidence of the intention of the members of our profession to do its duty honourably to itself and the public in this regard. Nature presents us with portraitures of insanity which are depicted in such bold outline and vivid detail, that it does not require any one skilled in the medical art to detect them, as the most ignorant can readily do so; but she also presents us with pictures where there exists such delicate shading of mental aberration that it requires the skill of the expert to detect it. And it is in the less gross, and more particularly, in the more subtle forms, that study of lunacy is required for intelligent discovery.

The index of public opinion is now pointing in the direction of preventing the least possible danger to the liberty of the subject, and that the present order of things must be changed.

The *Times*, for 29th July, 1884, commenting on the Semple case, says, "It is out of harmony with scientific knowledge—it is a solecism and piece of barbarism—that two men with perhaps no special acquaintance with mental disease should be able to order the incarceration of any one." And the profession should take warning that this is a state of things anent which the public mind has of late been much enlightened, and the signs point in the direction of its being tolerated no longer. It seems to me that we must either introduce into our curriculum insanity as a branch of compulsory study, and submit our students to an examination in it before receiving their degree or diploma, or content ourselves with allowing it to possibly fall into the hands of experts.

The bench does not look kindly on the differences of opinion of medical men in cases where insanity is urged as a plea, and it is just possible that juries may be biassed in the same direction. It is, nevertheless, true that Mr. Justice Kay expressed the opinion that "the medical profession is only

too ready to attribute acts which are out of the ordinary course, and especially acts of violence, to insanity."* And not infrequently we see in a court of law a string of medical witnesses testifying as to the insanity of a prisoner, and another string of them testifying as to his sanity.

"When doctors differ, who shall then agree?"

There is another risk run by the practitioner which should be clearly understood by him. Not infrequently one may be asked by a mistress to call and examine a servant as to her condition *quâ* pregnancy. Or it might happen that one might be asked to make a medical examination for legal purposes. What is the law on the subject? It is well exemplified in a case tried at Manchester on 21st January, 1878 (*Lancet*, vol. i, 1878, p. 137), before Mr. Justice Denman. The complainant was a woman who was accused of abandoning an infant a few hours after birth. The practitioner brought in for the purpose of examining her was called as defendant. It was alleged that the woman was forcibly held during the examination. The evidence went to show, on the other hand, consent on the part of the woman. The jury found for the defendant. In the judge's ruling it was said "that no medical man may suppose himself armed with authority to proceed contrary to the express will of the person he is instructed to examine."

If a medical man act without such consent, he will be legally culpable of assault and battery. Before such examination, let him ask and receive express consent in the presence of a reliable witness.

* *Lancet*, vol. i, 1883, p. 790.

GLASGOW: PRINTED BY ALEX. MACDOUGALL.

Note on the Australian Aborigines being exhibited in Glasgow in March, 1886. By John Glaister, M.D., F.F.P.S.G., &c., Lecturer on Medical Jurisprudence and Public Health, Royal Infirmary School of Medicine.

[Read before the Society, 3rd March, 1886.]

The *Physical Characters* of the native inhabitants of Australia, Tasmania, and the islands in immediate proximity, form a distinct group, having certain differentiating peculiarities, but also having certain affinities to other races.

They have high dolichocephalic (*i.e.*, elongated from before backwards), prognathous (*i.e.*, where the upper jaw is visible by looking perpendicularly down upon the skull), and phanero-zygomatic skulls, with an index of breadth 71, and an index of height 73.

The nose is narrow at the root, and is very wide at its front part, but is not curved like the Papuan nose. The nostrils are widely expanded. The mouth is large and unshapely, and the lips are thick. The third upper molar tooth has three roots—a rare thing among Europeans. The hair of the head is long, inclined to curl, and forms a mass upon the top not unlike a crown. In certain parts of Australia—in the peninsula of Coburg—the hair of the head is straight, as is also that of the Mount Shadwell tribe. Mr. E. Palmer, indeed, says that generally in the northern tribes, the hair is mostly straight, with an inclination, when clean, to wave; and that the men are bearded. This straightening has been attributed to intermixture with Malay tribes, but this has been doubted by other observers.

The colour of the skin is always dark; it may be quite black, or it may be copper-coloured. The aborigines who are now presented are perfectly black; they are Queenslanders. But even in these tribes the colour varies. For instance, on the river Cloncurry, in Queensland, Palmer relates that he saw some reddish-brown in colour.

The nearest in appearance to the Australians and Tasmanians are the Papuans.

Bodily Stature.—At King George's Sound (south-west corner of Australia) we meet with the worst specimens, but the type improves as we go northward and eastward.

In the north-east limit of South Australia some of the best type are to be found (M'Kinlay). On the Thomson River in Queensland, far from the coast, fine and powerful men are to be found; so also on the shores of Queensland, strong-limbed and well-built men are to be found.

The Northern Queenslanders are straight, well-grown, and strong; and the women are noted for their height, being hardy and capable of much endurance.

In the specimens presented to the Society—being from Queensland—the following are the leading physical features:—

All have wavy black hair on the head, forming a shaggy crown; a chocolate-coloured skin; high forehead, but of ordinary size; a nose which is larger than high, the root sloping much, and the nostrils widely-dilated transversely; brown eyes, with yellowish-tinted sclerotics. The face is of average size. The mouth is very large, the lips are thick, and the chin retreats. The hair on the face of the man (Billy) is thinly scattered. The bust is short, and supports the upper and thin limbs. The feet and hands are small, bnt look large because of the very graceful extremities of the limbs. The colour of the skin differs in different parts of the body in the male, but in the woman the different parts bear the same colour—face, trunk of body, and limbs. The palms of the hands and the soles of the feet are much lighter in hue.

This regularity in tint in the female—an observation which has also been made by different authors—is said to be due to the fact that the female preserves most strongly the characters of the ancestor.

The colour of the raised cicatrices resulting from tattooing vary also in tint.

MM. Drs. Houzè and Jacques of Brussels have noted a special odour exhaled from the body of these people, so strongly in the case of some of them as to make the observers think of the smell of the he-goat.

One of the features of these people to which I would like to call attention is that of the presence of raised *scars* on the body. These are to be found on the bodies of the man and woman, not, of course, on the boy, because he had not attained the age when he should be initiated into the mysteries of his tribe.

These marks are made generally upon the chest, the back, the deltoid region, and the upper part of the abdomen.

Varieties in the form of the scar-markings indicate tribal differences.

On the deltoid region are to be found a series of descending parallel lines, numbering six or seven, and 10 to 12 centimetres in length. The man has on each side of the chest a curved line, with its concavity turned towards the exterior, beginning on a level with the lower part of the sternum, and terminating above about the middle part of the clavicle. There are also to be seen a series of transverse parallel lines, about 18 to 20 centimetres long, extending from about two fingers' length above the umbilicus down to the xyphoid appendage of the sternum. There are other markings on the man.

On the woman, beside the deltoid markings are to be also found a series of small notches, obliquely made two-and-two, coming from the lowest point of each deltoid marking.

All authors on this subject agree as to the universality of these marks.*

Another peculiarity of the man is the ornament which he wears poised in the septum of the nose. This is simply ornamental.

To return to the *scars*. The chief noteworthy peculiarity of these is their being *raised—thrown into relief*.

We know that a scar ordinarily is depressed, by reason of the normal structure of the skin being lost and replaced by another and simpler structure, scar-tissue, which shrinks as it becomes older. Now, why should the scars be raised? Why should they be thrown into relief?

Let us see how they are produced. They are made either with sharp flints, the sharpened edge of a shell, or the edge of a glass bottle.

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* Palmer tells that "most of the Gulf (of Carpentaria) natives mark themselves with raised cuts, across the chest and upper arm, made with flints at various times while young. These cuts are merely ornamental, and convey no idea of tribal connection. All were more or less marked, and some of the bands of raised flesh were firm and hard like strong cords. One gin, I observed, had three rows of double cicatrices down her back, composed of eight couplets in each row. The middle row across her spine was smaller than the two outer. The scars were very regular, and the rows set off a very graceful figure. Besides these she had several longer bands across her hips, below the small of the back; others on the upper arm, and bands of raised marks between her breasts." (*Journal* Anthropol. Instit., London, Vol. XIII., 1884, p. 286.)

When the lacerations are made, they are either stuffed with clay, and so prevented from healing quickly, or, as Dawson says—"The operator cuts through the skin with a flint-knife, and rubs the wound with green grass. This irritates the flesh, and causes it to rise above the skin. By repeated rubbings, the flesh rises permanently, and the wounds are allowed to heal." *

Then, as to the *nose ornament.* When they come of age the nasal septum is pierced "with the pointed bone of the hind leg of the Kangaroo, which is pushed through, and left for a week. A short tube, made of the large wing-bone of the swan, is then introduced to keep the hole open, and is turned round occasionally, while the nose is kept moist by holding the face over a vapour bath, produced by pouring water over hot stones. When the wound is quite healed, the ring is removed. On occasions of ceremony, a reed about 18 inches long is pushed through the opening, and worn as an ornament." (*Op. cit. loc. cit.*)

Says Forrest (*loc cit*):—"Boring their noses is quite a ceremony with them, and once a-year hundreds gather together in order to bore the noses of the younger men, and also to cut one another's hair."

The ears are never bored.

Measurements of Principal Parts of Specimens Shown.

	Billy.	Jenny.	Little Toby.
	Mm.	Mm.	Mm.
Length of Nose,	41	38	38
Breadth ,,	41	41	37
Length of Nostril,	7	8	6
Breadth ,,	12	11	10
Cephalic Index,	70·46	71·12	75·42
Height, -	1510 = 59½ in.	1560 = 61½ in.	1220 = 48 in.
Length of Foot,	230 = 9 in.	215 = 8½ in.	181 = 7 in.
Weight,	44 k 550 = 98⅕ lbs.	49 k 100 = 109⅓ lbs.	21 k 200 = 47 lbs. nearly.
Total Length of arm,	583 = 23 in.	574·8 = 22½ in.	438 = 17⅓ in.

* Forrest states that "Tattooing and marking themselves on the shoulder, back, and breast are very common, indeed almost universal amongst them." (*Journal*, op. cit., vol. V., 1875, p. 317.)

Dawson also states that "Both men and women are ornamented with cicatrices—which are made when they come of age—on the chest, back, and upper part of the arm, but never on the neck or face. These cicatrices are of a darker hue than the skin, and vary in length from half an inch to an inch. They are arranged in lines and figures according to the taste or custom of the tribe." ("Australian Aborigines," p. 82.)

Besides these permanent body-markings, they have temporary ones painted on the surface, and these vary in colour and position in respect to the nature of the occasion.

In their "Korroborrees" or dances, they are painted with pigments. Some have white bands across the body, some down the legs; or, the markings may be in spots.

Dawson says "they paint their bodies and limbs with white stripes, in such a manner as to give them the appearance of human skeletons."

In their amusements the chief actors are painted differently; the "chipperuuks," or clowns, being elaborately and ludicrously pigmented. When a messenger is sent to another tribe to apprise them of the death of his chief, his head and face is covered with white clay; and a bridegroom is painted with a white streak over and under the eyes, and red lines beneath them; the bride similarly.

Their *Marriage Laws* are very interesting and, to us, peculiar; the sole and whole object of them being to prevent union between those of one flesh.

They are divided into tribes. Every person belongs to his father's tribe, and cannot marry into it. Then again a provision is made to prevent marriage with *maternal* relatives.

This can be best explained by clearly following Dawson. He tells us that in the Western District there are five classes in all the tribes, which take their names from animals.

1. Kuurokeetch—the long-billed Cockatoo.
2. Kartpoerapp—the Pelican.
3. Kappatch—the banksian Cockatoo.
4. Kirtuuk—the Boa-snake.
5. Kuunamit—the Quail.

According to their classes they are distinguished as :—

Kuurokeetch, male ; Kuurokahecar, female.
Kartpoerapp, male ; Kartpoerapp, female.
Kappatch, male ; Kappaheear, female.
Kirtuuk, male ; Kirtuukheear, female.
Kuunamit, male ; Kuunamithcear, female.

No marriage is possible between 1 and 2, or between 3 and 4, because they are looked upon as sister classes; class 5, however, can marry into any class but its own. Thus a male of class 1 can marry a female of classes 3, 4, or 5, but cannot marry a female of classes 1 or 2; a male of class 3 may marry a female of classes

1, 2, or 5, but cannot marry a female of classes 3 or 4; a male of class 5 may marry a female of classes 1, 2, 3, or 4, but cannot marry a female of class 5.

Their laws also forbid a man marrying into his mother's or his grandmother's tribe, into an adjoining tribe, or into a tribe that speaks his own dialect. But a man may marry his brother's widow, or his deceased wife's sister, or one of her tribe; but not if he has divorced or killed his wife.

A common man may not have more than one wife, chiefs may have as many as they choose, while their sons may have two. Chiefs and their families may only marry into other chief families.

When a married man dies, his brother must marry his widow if she have a family, thereby differing only from the Mosaic law in this last particular.

Illegitimacy is rare; the woman receiving at the hands of her relatives severe punishment, or, perhaps, death. So likewise the father of the child. When a man has been permitted by the chiefs of each party to betroth himself to a woman, her mother and aunts must neither look at him or speak to him "from the time of his betrothal till his death." When they speak in one another's presence, they must converse in a different dialect, or "turn-tongue."

Young men are not allowed to marry till they have been formally initiated into manhood, which process is generally very severe, so much so, indeed, that sometimes it causes their death. This is thought to get rid of the weakly.

A man can divorce his wife for serious misconduct, and even kill her, but she cannot be divorced if she have borne children to him, although she may be punished. A wife cannot divorce a husband, even for unfaithfulness, but she may complain to the chief, who may order him punishment.

The father alone can give away a daughter; if he be dead, then the duty falls on the son, with the consent of his uncle. A husband and wife without family may dissolve their marriage, and both are free to marry again.

When a woman is near her confinement she must stay at home as much as possible. Should she leave her husband's wuurn, any one meeting her must leave the path. During the labour her husband must live elsewhere; not only so, but the neighbouring wuurns are deserted, and every one is sent away from the vicinity of her home, except two married women, who remain with

her. Nature is left alone to do her work, and the women rarely die in childbirth. When born, the infant is not black, but the colour appears within a short time after, appearing first on the brow, then extending over the body. Large families are not common; five being considered a large number. Every infant is suckled for about two years. Weakly or malformed children are destroyed.

Every person speaks the tribal language of the father, and cannot change it for any other, the exception only being the mother, who must speak to the child in the father's language and not her own. The consequence is that the wife speaks to the husband in the language of *her* father, and the husband to the wife in the language of *his* father; so that the conversation between them is as if an Englishman and French woman marrying were to speak to each other in their own tongue.

Cannibalism.—Oldfield, quoted by Wake, says that a man will, in case of extremity, kill his child to satisfy his hunger. The mother must not make loud lamentations over it, else she will be beaten, but she may utter inarticulate moans; these are, however, said to be assuaged by her getting the head of the child to eat, that part being her legal perquisite.

Palmer says that the killing of a new-born infant among the Queensland blacks is a matter of small moment. They express neither sorrow nor abhorrence at the deed. In North Queensland they make no secret of eating human bodies, not, however, as the New Zealanders or South Sea Islanders do. In the Gulf of Carpentaria only those killed in battle are eaten. The body is cooked in one piece, and the cooking is accomplished in three or four hours. When all the flesh is eaten, the bones are placed in a tree or burned. They eat only the bodies of those belonging to their own side, not those of their enemies.

Forrest says that cannibalism is also common among the natives of the interior. He says, "I myself have found a skull all charred at a native's fire." And he declares that they do not hesitate to eat the bodies of white people.

Dawson, at page 67 of his book, states that "there is not the slightest doubt that the eating of human flesh is practised by the aborigines, but only as a mark of affectionate respect, in solemn service of mourning for the dead. The flesh of enemies is never eaten, nor of members of other tribes." A body that has met its death by violence is alone eaten, not if mangled or unhealthy or

putrid. A child over four or five years, accidentally killed, is eaten by all the tribe except its brothers and sisters. "The flesh of a healthy, fat, young woman is considered the best; and the palms of the hands are considered the most delicate portions."

It must be borne in mind that the flesh of a body when divided among the many adult relatives only gives a very small portion to each.

Curious Laws are found, too, in operation among these people, the origin of which cannot be easily traced.

Circumcision is present in most of the tribes of Central and Western Australia, except in those in the south-west corner. It is a sort of religious ceremony with them (Palmer).

The law enacted in Leviticus xii. ver. 2-4 "is observed by all the tribes between Brisbane and Carpentaria with which I have come in contact during twelve years' sojourn in the country."—(Armit.)

Equally observed is the law obeyed as laid down in Leviticus xv., ver. 19. In one instance, near Townsville, in 1870, a case was brought under the notice of the observer, Capt. W. E. Armit, F.L.S., where a Gin (woman) was put to death by her husband for having lain in his blanket during her menstrual period. His own superstitious dread of the consequent uncleanness killed him within a fortnight.

As has been before noticed, the law laid down in Deuteronomy xxv., ver. 5, is also carried out by these aborigines, but with this difference, that if man die and leave a widow and children, his brother must marry her and care for her and her children.

The ceremony of "*Bora*" or *initiation* into manhood is also accompanied by strange observances. In some tribes the youth has one of the incisor teeth knocked out by a chisel and mallet; in others there is produced deformity of the genital organs.

Their *Mental Characteristics*, as shown by Staniland Wake are as follows:—their ingenuity in overcoming difficulties is great, although their appliances are rude, as shown in their making of wells in loose sand to a depth of 14 or 15 feet, and about two feet in diameter at the bore; there are to be seen in different parts of Australia rude drawings and paintings. They display great ingenuity in some of their weapons, as, for instance, the boomerang, which is, however, to be found in other races. They present little of the phenomena of intellect; but the structure, complexity, forms of grammar, and copiousness of vocabulary of their language display great mental activity.

They steal, lie, are revengeful, cunning, jealous, and, as might be expected, courageous. Other observers give quite a different description of them, describing them as frank, open, and confiding. They betray little affection, and any sorrow they may experience is very transitory. This is well illustrated by the manner with which Billy received the news of his companion's death (with whom he had been closely associated for a long period). He was found enjoying himself by singing and beating his boomerangs when the news was broken to him, but he unconcernedly went on as before. They treat their wives very cruelly, they being made the slaves of the men.

In short, their intellectual capacity seems to be on a level with that of the child; they know right and wrong, will not steal from another native, but will readily from a white man. They see nothing morally wrong in adultery, although the woman will be severely chastised by her female relatives. There seems to be a total absence of ideas of abstract morality, but they are full of superstitions, and believe in spirits. This last seems to point to a dim idea of a future existence. Dr. Lang says that they do not recognise a God, have no trace of a religion, and no idolatry.

The three natives who were shown to the Society are the remainder of seven, four having died from pulmonary disease. At the present time the boy suffers from incipient tubercular disease of the lungs. They exhibited to the Society their singing, and mode of fighting and throwing the boomerang. Their songs are all in the minor key.

BOOKS CONSULTED.

1.—"The Races of Man and their Geographical Distribution." Oscar Peschel. Translation, 1876.

2.—"Australian Aborigines." James Dawson, 1881.

3.—"The Mental Characteristics of Primitive Man, as exemplified by the Australian Aborigines." C. Staniland Wake, Esq., Dir. A.I. (*Journal* Anthropol. Instit., vol. I., 1871, p. 74, *et seq.*)

4.—"Australian Languages," by Rev. G. Taplin and Dr. Black; same volume, p. 84 and p. 89.

5.—"Customs of the Australian Aborigines." Captain William E. Armit, F.L.S.

(*Journal* Anthropol. Instit., vol. IX., 1880, p. 459.)

6.—"Australian Marriage Laws," vol. IX., 1880, p. 354.

7.—"Notes on some Australian Tribes," p. 276, by Edward Palmer, Esq.
,, on some Australian Beliefs," by A. W. Howitt, F.G.S., p. 185.
,, on some Australian Ceremonies of Initiation," by A. W. Howitt, F.G.S., p. 432.
(*Journal* Anthrop. Inst., vol. XIII., 1884.)

8.—"On the Natives of Central and Western Australia," by John Forrest, F.R.G.S.
(*Journal* Anthrop. Instit., vol. V., 1875.)

9.—"Les Australiens," by Drs. Houzé, et Victor Jacques. Bruxelles, 1885.

10.—"Etude sur les races indigènes de l'Australie." Topinard. Paris, 1872.